



Leave Request Form

For FMLA/Discretionary Leave of *More Than 3 Consecutive Days*



This form is to be used to report absences that will trigger the Family Medical Leave Act (FMLA) or Discretionary Personal Leave of more than three (3) consecutive days. Leave requests will be granted and recorded in accordance with board policy DEC.

Discretionary use of State Personal Leave or Local Personal Leave: Discretionary personal leave is leave that is taken at an employee's discretion that can be scheduled in advance. A request for this type of leave must be submitted at least five (5) days in advance of the anticipated absence. When discretionary personal leave is taken for more than three (3) consecutive days the employee will be docked at the employee's daily rate of pay for all consecutive days beyond the third day.-

All leave rather Discretionary or Non-Discretionary (personal and family illness) and Other Leave (such as school business and jury duty) must also be reported through SubFinder.

The following applicable information must be completed and submitted to the employee's supervisor prior to the employee's absence for discretionary personal leave in excess of three (3) consecutive days or FMLA related absences.

Name:	Position:
Department/Campus:	Date(s) Requested:
Family Medical Leave Act (FMLA) Leave	Discretionary Leave
<input type="checkbox"/> Under the federal Family Medical Leave Act (FMLA), eligible employees are entitled to 12 weeks of job-protected, <u>unpaid</u> leave for the following: <ul style="list-style-type: none"> Birth, adoption, or foster placement of a child Serious health condition of a child, spouse, or parent Personal illness <p>In the event an employee has accrued leave, such as state and/or local leave, the employee's accrued leave will run concurrently when FMLA leave is taken.</p> <p>An employee who needs to be out for an extended period of time must contact the HR office to complete FMLA paperwork.</p>	<input type="checkbox"/> Discretionary Personal Leave request for more than three (3) consecutive days*. (Must be submitted for approval at least five (5) days prior to anticipated absence). <p>*By submitting this request the employee acknowledges that he or she is requesting more than three (3) consecutive days of discretionary personal leave and that he or she will be docked for each consecutive day beyond the third consecutive day of leave at his or her daily rate of pay. (see policy DEC Local).</p>
Employee Signature:	Date:
Principal/Supervisor Signature:	Date:
Leave Status: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
For HR Office Use Only:	
<input type="checkbox"/> Family and medical leave: Date leave will start _____ <div style="text-align: center; margin-left: 150px;">Proposed date for return to work _____</div>	
<input type="checkbox"/> Docked days: Number of days to be docked _____ Dates of docked days _____	